

NOTIFICATION TO REQUEST *YOUR* OFFICIAL PERSONNEL FOLDER (OPF)

1. NAME OF EMPLOYEE: _____ SSN: _____

Other name: if different than current name (Last/First/MI)

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2. ADDRESS OF PREVIOUS PERSONNEL OFFICE:

NAME OF PERSONNELIST: _____

FAX # _____ DSN: _____ COMM: _____

PHONE# _____ DSN: _____ COMM: _____

E-mail address (if known)

3. If your last place of employment was with any of the agencies listed below annotate the timeframe and the location next to the agency and complete para 2 above.

AGENCY

DATES

LOCATION

(from/to)

(geographic)

NON APPROPRIATED FUND (NAF) _____

AAFES _____

DEPARTMENT OF NAVY _____

DEPARTMENT OF AIR FORCE _____

DODDS (DODEA) _____

Other Government Agencies _____
